this an d filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Part 1: Identify Yourself					
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
1.	Your full name					
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Mohammed First name A Middle name Khan Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)			
2.	All other names you have used in the last 8 years Include your married or maiden names.	Mo Khan Mohammed Khan				
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-7513				

Del	otor 1 Mohammed A Kha	an	Case number (if known)		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live		If Debtor 2 lives at a different address:		
		781 Rutgers Road Franklin Square, NY 11010			
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Nassau County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing	Check one:	Check one:		
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Deb	otor 1 Mohammed A Kha	an				Case r	number (if known)	
Par	t 2: Tell the Court About	our Banl	kruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	☐ Chap	oter 7					
		☐ Chap	oter 11					
		☐ Chap	oter 12					
		■ Chap	oter 13					
8.	How you will pay the fee	ab or	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.					n, cashier's check, or money
				the fee in installments. If ye in Installments (Official For		e this option, sign	and attach the Applica	ation for Individuals to Pay
	The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official papplies to your family size and you are unable to pay the fee in installments). If you choose this option, you						of the official poverty line that	
		the	Applicatio	on to Have the Chapter 7 Filin	ng Fee Wa	ived (Official For	m 103B) and file it with	your petition.
9.	Have you filed for	□ No.						
	bankruptcy within the last 8 years?	Yes.						
				Eastern District of				
			District	New York	When	3/11/16	Case number	8-16-71038-AST
			District		_ When		Case number	
			District		_ When		Case number	
10.	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor				Relationship to y	/ou
			District		_ When		Case number, if	known
			Debtor				Relationship to y	/ou
			District		_ When		Case number, if	known
11.	Do you rent your residence?	■ No.	Go to li	ine 12.				
		☐ Yes.	Has yo	ur landlord obtained an evicti	ion judgm	ent against you a	nd do you want to stay	in your residence?
				No. Go to line 12.				
				Yes. Fill out <i>Initial Statemen</i> bankruptcy petition.	t About ai	n Eviction Judgme	ent Against You (Form	101A) and file it with this

Deb	otor 1 Mohammed A Kh	an			Case number (if known)
Part	Report About Any Bu	usinesses	You Owr	as a Sole Proprie	tor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of bus	siness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Stat	te & ZIP Code
	it to this petition.		Chec	k the appropriate bo	x to describe your business:
				Health Care Busir	ness (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can se adlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, erations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the 1 U.S.C. 1116(1)(B).		
	For a definition of small	No.	I am r	not filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code	•	11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	l am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Pari	t 4: Report if You Own or	r Have Δny	, Hazardo	ous Property or An	y Property That Needs Immediate Attention
	Do you own or have any property that poses or is alleged to pose a threat	■ No.			, ,
	of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?		What is	the hazard?	
				liate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	
					Number, Street, City, State & Zip Code

Debtor 1 Mohammed A Khan Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 Mohammed A Kh	an		Case numbe	(if known)
Par	t 6: Answer These Quest	ions for Rep	orting Purposes		
	What kind of debts do you have?		re your debts primarily consultative dividual primarily for a personal,		ned in 11 U.S.C. § 101(8) as "incurred by an
			No. Go to line 16b.		
			Yes. Go to line 17.		
				ess debts? Business debts are debts tent or through the operation of the busi	
			No. Go to line 16c.		
			Yes. Go to line 17.		
		16c. S	tate the type of debts you owe th	nat are not consumer debts or busines	s debts
17.	Are you filing under Chapter 7?	■ No.	am not filing under Chapter 7. G	o to line 18.	
	Do you estimate that after any exempt property is excluded and			ou estimate that after any exempt propo le to distribute to unsecured creditors?	erty is excluded and administrative expenses
	administrative expenses] No		
	are paid that funds will be available for] Yes		
	distribution to unsecured creditors?				
18.	How many Creditors do you estimate that you owe?	1 -49		1 ,000-5,000	☐ 25,001-50,000
		□ 50-99		☐ 5001-10,000 ☐ 40,004,05,000	□ 50,001-100,000
		☐ 100-199 ☐ 200-999		☐ 10,001-25,000	☐ More than100,000
19.	How much do you	□ \$0 - \$50	,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	estimate your assets to be worth?	\$50,001		□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion
		— ψ100,001 ψ000,000		□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
		ш ф500,00	ι - ψι πιιιιοπ		•
20.	How much do you estimate your liabilities	□ \$0 - \$50		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	to be?		- \$100,000 1 - \$500,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion
			1 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
Par	t 7: Sign Below				
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.			
				n aware that I may proceed, if eligible, available under each chapter, and I ch	under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).			
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.			
		bankruptcy and 3571.	case can result in fines up to \$29		r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,
			nmed A Khan ed A Khan	Signature of Debtor	2
		Signature o		Cignature of Debitor	_
		Executed o		Executed on	
			MM / DD / YYYY	MM	/ DD / YYYY

Debtor 1 Mohammed A Kh	an	Cas	Case number (if known)		
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, United S	states Code, and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)		
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, ce schedules filed with the petition is incorrect.				
	/s/ Richard A. Jacoby, Esq.	Date	January 19, 2018		
	Signature of Attorney for Debtor		MM / DD / YYYY		
	Richard A. Jacoby, Esq.				
	Printed name				
	Jacoby & Jacoby, Attorneys At Law				
	Firm name				
	1737 North Ocean Avenue				
	Medford, NY 11763 Number, Street, City, State & ZIP Code				
	Number, Street, City, State & ZIP Code				
	Contact phone 631-289-4600	Email address			
	2585735				
	Bar number & State				

Fill	in this information to identify your case:		
Deb	otor 1 Mohammed A Khan		
Det	First Name Middle Name Last Name Otor 2		
	use if, filing) First Name Middle Name Last Name		
Uni	ted States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK		
	se number		neck if this is an
		ar	nended filing
○ f	ficial Form 106Sum		
	mmary of Your Assets and Liabilities and Certain Statistical Information	ı	12/15
Be a	as complete and accurate as possible. If two married people are filing together, both are equally responsible rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amer roriginal forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	for supp	lying correct
		You	ur assets
			ue of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$ _	439,042.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	4,500.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	443,542.00
Par	t 2: Summarize Your Liabilities	-	
		You	ur liabilities
			ount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.	. \$	480,691.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	5,265.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	40,568.73
	Your total liabilitie	s \$	526,524.73
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I)	_	
	Copy your combined monthly income from line 12 of Schedule I	\$	10,898.03
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	7,334.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your content of	our other	r schedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	or a perso	onal, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check to the court with your other schedules.	nis box ar	nd submit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Mohammed A Khan Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9,721.05

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tota	al claim
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	5,265.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	5,265.00

Debtor 1 Mohammed A Khan First Name	Fill in this informa	ation to identify your case and	this filing:		
Debtor 2 [Spouse, if Bling) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number Check if this amended fill Official Form 106A/B Schedule A/B: Property 12 Official Form 106A/B Schedule A/B: Property 13 14 Official Form 106A/B Schedule A/B: Property 15 16 Official Form 106A/B Schedule A/B: Property 17 18 Official Form 106A/B Schedule A/B: Property 19 10 Official Form 106A/B Schedule A/B: Property 11 Official Form 106A/B Schedule A/B: Property 12 Official Form 106A/B Schedule A/B: Property 13 Official Form 106A/B Schedule A/B: Property 14 Official Form 106A/B Schedule A/B: Property 15 Official Form 106A/B Schedule A/B: Property 16 Official Form 106A/B Schedule A/B: Property 17 Official Form 106A/B Schedule A/B: Property 18 Official Form 106A/B Schedule A/B: Property 19 Official Form 106A/B Schedule A/B: Property 10 Official Form 106A/B Schedule A/B: Property 10 Official Form 106A/B Schedule A/B: Property 10 Official Form 106A/B Schedule A/B: Property Official Form 106A/B Schedule A/B: Property Sched			•		
United States Bankruptcy Court for the:EASTERN DISTRICT OF NEW YORK Case number	200101		dle Name Last Name		
United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number Check if this amended fill amended fil		First Name Mide	dle Name Last Name		
Case number Check if this amended fill Official Form 106A/B Schedule A/B: Property 12 nech category, separately list and describe items. List an asset only once. If an asset filts in more than one category, list the asset in the category where think it fits beat. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct infinity of the same and case number (if known, answer every question. Part 15 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply Single-family home Duplox or multi-unit building Condominium or cooperative Manufactured or mobile home Land Circumstrative of the description Circumstrative or other description Circumstrative or other description Circumstrative or other description Diplox or multi-unit building Creditions Who Have Claims Secured by Property Creditions Who Have Claims Secured by Property Circumstrative or other description Circumstrative or other de		ruptov Court for the FASTER	N DISTRICT OF NEW YORK		
Official Form 106A/B Schedule A/B: Property 12 nech category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known) answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2.	Officed States Dark	ruptcy Court for the	V DIGITAL OF NEW TORK		
In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known hanswer every question. Part 11 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? 1.1 Tal Rutgers Road Single-family home Duplex or multi-unit building Condominium or cooperative Do not deduct secured claims or exemptions. The amount of any secured claims or exemptions. The am	Case number				☐ Check if this is an amended filing
Reach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where think it fits best. Be as complete and accurate as possible. If two married people are filing orgative, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known Answer every question.) Part 1					
think if its best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known answer every question. Part 1:	<u>Schedule</u>	A/B: Property			12/15
Single-family home Do not deduct secured claims or exemptions. It he amount of any secured claims or exemptions. It has a mount of any secured claims or exemptions. It has a mount of any secured claims or exemptions. It has a mount of any secured claims or exemptions. It has a mount of any secured claims or exemption of the entire property? Franklin Square Manufactured or mobile home Current value of the entire property?	Answer every questic Part 1: Describe Ea 1. Do you own or have No. Go to Part 2	on. ach Residence, Building, Land, or Over any legal or equitable interest in	Other Real Estate You Own or Have an Interest In	write your name and cas	e number (if known).
Franklin Square NY 11010-0000 City State ZIP Code Investment property \$439,042.00 \$439,04	781 Rutgers		☐ Single-family home ☐ Duplex or multi-unit building	the amount of any secure	ed claims on Schedule D:
City State ZIP Code Investment property \$439,042.00			☐ Manufactured or mobile home	Current value of the	Current value of the
Timeshare Other Other Uho has an interest in the property? Check one Debtor 1 only Debtor 2 only Other information you wish to add about this item, such as local property identification number: Timeshare Other Other Other Other Other information you wish to add about this item, such as local property identification number: Describe the nature of your ownership inter (such as fee simple, tenancy by the entiretic a life estate), if known. Fee simple Check if this is community property Check if this is community property Other information you wish to add about this item, such as local property identification number: Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here			- '	· · · ·	portion you own?
Nassau County Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here	City	State ZIP Code	☐ Timeshare ☐ Other Who has an interest in the property? Check one	Describe the nature of y (such as fee simple, ten a life estate), if known.	our ownership interest
Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.	Nassau		_ ,		
pages you have attached for Part 1. Write that number here	County		At least one of the debtors and another Other information you wish to add about this item	(see instructions)	nmunity property
Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own th someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No	pages you have Part 2: Describe You Do you own, lease someone else drives 3. Cars, vans, truc	ve attached for Part 1. Write that our Vehicles , or have legal or equitable into s. If you lease a vehicle, also rep	erest in any vehicles, whether they are registere ort it on Schedule G: Executory Contracts and Une	d or not? Include any v	\$439,042.00 ehicles you own that
□ Yes					

Debtor 1	Mohammed A Khan	Case number (if	known)
	craft, aircraft, motor homes, ATVs and other recreationa les: Boats, trailers, motors, personal watercraft, fishing vess		s
■ No			
☐ Yes			
	he dollar value of the portion you own for all of your ent s you have attached for Part 2. Write that number here		
Part 3:	Describe Your Personal and Household Items		
·	own or have any legal or equitable interest in any of the	following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
Exam □ No			
■ Yes	s. Describe		
	Household Goods		\$1,500.00
7. Electro	ples: Televisions and radios; audio, video, stereo, and digita including cell phones, cameras, media players, games		music collections; electronic devices
☐ Yes	s. Describe		
	etibles of value ples: Antiques and figurines; paintings, prints, or other artwo other collections, memorabilia, collectibles	ork; books, pictures, or other art objects; stam	ıp, coin, or baseball card collections;
☐ Yes	s. Describe		
	ment for sports and hobbies ples: Sports, photographic, exercise, and other hobby equip musical instruments	ment; bicycles, pool tables, golf clubs, skis; c	anoes and kayaks; carpentry tools;
☐ Yes	s. Describe		
_	mples: Pistols, rifles, shotguns, ammunition, and related equ	ipment	
■ No	s. Describe		
□ res	s. Describe		
11. Cloth <i>Exar</i> □ No	mples: Everyday clothes, furs, leather coats, designer wear,	shoes, accessories	
Yes	s. Describe		
	Clothes		\$1,000.00
	Ciotiles		<u>Ψ1,500.00</u>
□ No	mples: Everyday jewelry, costume jewelry, engagement rings	s, wedding rings, heirloom jewelry, watches,	gems, gold, silver
■ Yes	s. Describe		
	Jewelry		\$400.00

De	ebtor 1	Mohammed A	Khan		C	ase number (if known)	
13.		rm animals bles: Dogs, cats, b	irds, horses				
	■ No □ Yes.	Describe					
	Any otl ■ No	her personal and	household items you d	lid not already list, in	cluding any health aid	ds you did not list	
		Give specific info	rmation			-	
15			f all of your entries from umber here			ou have attached	\$2,900.00
Pa	rt 4: Des	scribe Your Financi	al Assets				
Do	you ow	vn or have any le	gal or equitable interest	in any of the followi	ng?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No	,,	ave in your wallet, in your	•	,	nen you file your petitic	on
	Examp —		vings, or other financial a you have multiple accou			dit unions, brokerage h	ouses, and other similar
	□ No ■ Yes			Institution na	ame:		
			17.1.		- Chase Bank - 281 - Chase Bank - 288		\$1,600.00
	Examp ■ No	oles: Bond funds, i	r publicly traded stocks nvestment accounts with	brokerage firms, mone	ey market accounts		
	⊔ Yes		Institution or issu	er name:			
		ublicly traded sto enture	ck and interests in inco	rporated and uninco	rporated businesses,	including an interest	in an LLC, partnership, and
	Yes.	Give specific info	rmation about them Name of entity:		Ċ	% of ownership:	
			MSN&J Consultin	ng LLC		%	Unknown
	Negoti Non-ne ■ No	iable instruments in egotiable instrume	rate bonds and other ne nclude personal checks, onts are those you cannot mation about them Issuer name:	cashiers' checks, prom	nissory notes, and mon	•	
	Examp	ment or pension a ples: Interests in IR	accounts RA, ERISA, Keogh, 401(k)), 403(b), thrift savings	s accounts, or other per	nsion or profit-sharing p	olans
	■ No □ Yes.	List each account	separately. Type of account:	Institution na	ame:		
	Your s	ty deposits and p hare of all unused oles: Agreements v	repayments deposits you have made with landlords, prepaid rer	so that you may conti nt, public utilities (elec	inue service or use fron tric, gas, water), teleco	n a company mmunications compan	ies, or others

D	ebtor 1	Mohamme	ed A Khan			Ca	ase number (if known)	
	☐ Yes				Institution na	ame or individual:		
23.	_	i es (A contrac	et for a periodic pa	ayment of money	to you, either for	life or for a number of ye	ears)	
	■ No □ Yes		Issuer name and	d description.				
24.	26 U.S.0 ■ No	C. §§ 530(b)(1	I), 529A(b), and \$	529(b)(1).			fied state tuition progra	m.
٥.	☐ Yes			·		e records of any interest	J (,	
25.	■ No	·	information abou		ner than anything	g listed in line 1), and r	ights or powers exercis	able for your benefit
26.					I other intellectuals s from royalties an	al property nd licensing agreements	3	
		Give specific	information abou	t them				
27.	Examp ■ No	oles: Building p	s, and other ger permits, exclusive information abou	e licenses, coope		holdings, liquor licenses	s, professional licenses	
	□ res.	Give specific	illioilliation abou	t trieffi				
M	oney or p	oroperty owe	ed to you?					Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	■ No	unds owed to		them, including	whether you alrea	ady filed the returns and	the tax years	
29.	■ No	oles: Past due	or lump sum alin	nony, spousal su	pport, child suppo	rt, maintenance, divorce	e settlement, property sett	lement
30.		les: Unpaid w	neone owes you vages, disability in unpaid loans you			efits, sick pay, vacation p	oay, workers' compensati	ion, Social Security
		Give specific	information					
31.		ts in insurand Dles: Health, di		surance; health s	avings account (F	HSA); credit, homeowne	r's, or renter's insurance	
	_	Name the insu	urance company Compan		nd list its value.	Beneficiary:	:	Surrender or refund value:
32.	If you a				one who has die eds from a life ins		rrently entitled to receive	property because
	■ No □ Yes.	Give specific	information					
33.					ve filed a lawsuite claims, or rights	t or made a demand fo to sue	r payment	
	■ No □ Yes.	Describe eac	h claim					

Deb	tor 1 Mohammed A Khan		Case number (if known)	
	Other contingent and unliquidated claims of every nature, incl No I Yes. Describe each claim	luding counterclaims o	of the debtor and rights to set of	ff claims
	Any financial assets you did not already list I _{No}			
	Yes. Give specific information			
36.	Add the dollar value of all of your entries from Part 4, includi for Part 4. Write that number here		,	\$1,600.00
Part	5: Describe Any Business-Related Property You Own or Have an Into	erest In. List any real esta	ate in Part 1.	
37. D	o you own or have any legal or equitable interest in any business-rela	ated property?		
	No. Go to Part 6.			
	Yes. Go to line 38.			
Part	6: Describe Any Farm- and Commercial Fishing-Related Property Yo If you own or have an interest in farmland, list it in Part 1.	ou Own or Have an Interes	st In.	
46. I	Oo you own or have any legal or equitable interest in any farm	n- or commercial fishin	ng-related property?	
	■ No. Go to Part 7.			
	☐ Yes. Go to line 47.			
Part	7: Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Abovo		
	Do you have other property of any kind you did not already lis Examples: Season tickets, country club membership	it?		
	No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write t	hat number here		\$0.00
	•			<u>, , , , , , , , , , , , , , , , , , , </u>
Part	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$439,042.00
56.	Part 2: Total vehicles, line 5	\$0.00	_	· · · · · · · · · · · · · · · · · · ·
57.	Part 3: Total personal and household items, line 15	\$2,900.00		
58.	Part 4: Total financial assets, line 36	\$1,600.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$4,500.00	Copy personal property total	\$4,500.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$443,542.00

Fill	in this informa	ation to identify your ca	ise:			
De	btor 1	Mohammed A Khai	· -			
Del	btor 2	First Name	Middle Name	L	ast Name	
	ouse if, filing)	First Name	Middle Name	L	ast Name	
Uni	ited States Bank	cruptcy Court for the:	EASTERN DISTRICT OF NE	W Y	ORK	
	se number					☐ Check if this is an amended filing
Οf	ficial For	m 106C				
			perty You Cla	im	as Exempt	4/16
the nee	property you list	ed on <i>Schedule A/B: Pro</i> attach to this page as m	operty (Official Form 106A/B)	as yo	our source, list the property that you	r supplying correct information. Using claim as exempt. If more space is additional pages, write your name and
spe any func exe	cific dollar amo applicable stat ds—may be unl mption to a par	ount as exempt. Alterna tutory limit. Some exen limited in dollar amour	atively, you may claim the for nptions—such as those for it. However, if you claim an	ull fai healt exen	th aids, rights to receive certain b option of 100% of fair market valu	ing exempted up to the amount of enefits, and tax-exempt retirement
Pa	rt 1: Identify	the Property You Clair	n as Exempt			
1.	Which set of e	xemptions are you cla	iming? Check one only, ever	n if yo	ur spouse is filing with you.	
	☐ You are clair	ming state and federal n	onbankruptcy exemptions. 1	1 U.S	S.C. § 522(b)(3)	
	You are clair	ming federal exemptions	. 11 U.S.C. § 522(b)(2)			
2.	For any prope	rty you list on Schedul	e A/B that you claim as exe	mpt,	fill in the information below.	
		ef description of the property and line on hedule A/B that lists this property contion you own			ount of the exemption you claim	Specific laws that allow exemption
		,	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	Household G		\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(3)
	Line from Sche	aule A/B: 6. i			100% of fair market value, up to any applicable statutory limit	
	Clothes		\$1,000.00	_	\$1,000.00	11 U.S.C. § 522(d)(3)
	Line from Sche	edule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
	Jewelry Line from Sche	odulo A/D: 12 1	\$400.00		\$400.00	11 U.S.C. § 522(d)(4)
	Line from Scrie	aule A/B. 12.1			100% of fair market value, up to any applicable statutory limit	
		Chase Bank - 2813 Chase Bank - 2886	\$1,600.00	•	\$1,600.00	11 U.S.C. § 522(d)(5)
	Line from Sche				100% of fair market value, up to any applicable statutory limit	
3.	(Subject to adju ■ No	ustment on 4/01/19 and o		ses fi	led on or after the date of adjustmer	,

Official Form 106C

Debtor 1	Mohammed A Khan	Case number (if known)	

Fill in this informat	ion to identify you	ur case:				
	Mohammed A P	Khan Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankr	uptcy Court for the	: EASTERN DISTRICT OF NEW	YORK			
Case number						
(if known)					_	k if this is an nded filing
						.acag
Official Form 1	06D					
Schedule D	: Creditors	Who Have Claims S	Secured	by Propert	У	12/15
		If two married people are filing together out, number the entries, and attach it to				
1. Do any creditors have	ve claims secured b	y your property?				
☐ No. Check thi	s box and submit t	his form to the court with your other s	chedules. Yo	u have nothing else t	o report on this form.	
Yes. Fill in all	of the information	below.		-		
Part 1: List All S	ecured Claims					
2. List all secured claifor each claim. If more	ms. If a creditor has than one creditor has	more than one secured claim, list the credi s a particular claim, list the other creditors i ical order according to the creditor's name.	in Part 2. As	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Wells Fargo	Hm Mortgag	Describe the property that secures th	e claim:	\$480,691.00	\$439,042.00	\$41,649.00
Creditor's Name		781 Rutgers Road Franklin So NY 11010 Nassau County	quare,			
8480 Stagec Frederick, M		As of the date you file, the claim is: Clapply. Contingent	heck all that			
Number, Street, City	, State & Zip Code	☐ Unliquidated ☐ Disputed				
Who owes the debt?	Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only		An agreement you made (such as mocar loan)	ortgage or secu	ured		
Debtor 1 and Debto	r 2 onlv	☐ Statutory lien (such as tax lien, mech	nanic's lien)			
☐ At least one of the o	•	☐ Judgment lien from a lawsuit	,			
☐ Check if this claim community debt	relates to a	Other (including a right to offset)	Mortgage			
	Opened 12/14 Last Active					
Date debt was incurre		Last 4 digits of account number	7955			
Add the dollar value	of your entries in C	Column A on this page. Write that number	er here	\$480,69	1 00	
If this is the last pag	e of your form, add	the dollar value totals from all pages.	or riore.	\$480,69		
Write that number h	ere:			Ψ+00,03	71.00	
Part 2: List Others	s to Be Notified fo	or a Debt That You Already Listed				
trying to collect from	you for a debt you o	oe notified about your bankruptcy for a lowe to someone else, list the creditor in t you listed in Part 1, list the additional his page.	Part 1, and the	en list the collection a	gency here. Similarly, i	f you have more
Stein, Wien	Street, City, State & er & Roth, LLP	Zip Code	On which	h line in Part 1 did you e	nter the creditor? 2.1	-
One Old Co Suite 113 Carle Place	-		Last 4 di	gits of account number ₋		

Official Form 106D

							1	
Fill	in this inform	ation to identify your	ase:					
Del	btor 1	Mohammed A Kha	an					
		First Name	Middle Name	Last Nam	е			
l .	btor 2 buse if, filing)	First Name	Middle Name	Last Nam	е			
					o .			
Uni	ited States Ban	kruptcy Court for the:	EASTERN DISTRICT	OF NEW YORK				
Cas	se number							
(if kr	nown)						_	if this is an
							ameno	ded filing
Off	ficial Form	106F/F						
		/F: Creditors W	ho Have Unse	cured Claim	s			12/15
		accurate as possible. Us				or creditors with NON	IPRIORITY claims. L	
any	executory contri	acts or unexpired leases	that could result in a clai	m. Also list executo	ry contract	s on Schedule A/B: I	Property (Official For	rm 106A/B) and on
		ory Contracts and Unexpi rs Who Have Claims Sect						
left.	Attach the Cont	inuation Page to this pag						
	e and case num	, ,						
		of Your PRIORITY Un						
1.	_ `	rs have priority unsecured	d claims against you?					
	☐ No. Go to Pa	art 2.						
	Yes.							
2.	identify what type possible, list the	priority unsecured claims e of claim it is. If a claim ha claims in alphabetical orde nan one creditor holds a pa	s both priority and nonprior r according to the creditor'	ity amounts, list that on the same. If you have n	claim here a	nd show both priority a	and nonpriority amoun	its. As much as
		•			hooklot)			
	(FOI all explanat	tion of each type of claim, s	ee the instructions for this	ioini in the instruction	bookiet.)	Total claim	Priority	Nonpriority
I	7					*=	amount	amount
2.1		Revenue Service ditor's Name	Last 4 digits	of account number	7513	\$5,265.00	\$5,265.00	\$0.00
	P.O. Box		When was th	ne debt incurred?	2015			
		phia, PA 19101-7346	}				=	
		eet City State ZIp Code	As of the da	te you file, the claim	is: Check a	all that apply		
		the debt? Check one.	☐ Continger	nt				
	Debtor 1 or	nly	☐ Unliquida	ted				
	Debtor 2 or	nly	☐ Disputed					
	Debtor 1 an	nd Debtor 2 only	Type of PRIC	ORITY unsecured cla	aim:			
	☐ At least one	e of the debtors and anothe	r Domestic	support obligations				
	☐ Check if th	is claim is for a commun		d certain other debts	ou owe the	government		
		ubject to offset?	<u> </u>	r death or personal in		=		
	■ No	,	☐ Other. Sp		. ,			
	Yes		□ Other. op	Taxes				-
Pai	rt 2: List All	of Your NONPRIORIT	Y Unsecured Claims					
3.	Do any creditor	rs have nonpriority unsec	ured claims against you'	?				
	☐ No. You have	e nothing to report in this pa	art. Submit this form to the	court with your other	schedules.			
	Yes.							
4.	unsecured claim	nonpriority unsecured cla a, list the creditor separately r holds a particular claim, li	for each claim. For each of	laim listed, identify w	hat type of c	laim it is. Do not list cl	aims already included	in Part 1. If more
	raitz.						T-4	al alaim

Total claim

Debtor 1 Mohammed A Khan		Case number (if know)				
4.1	Amex Nonpriority Creditor's Name	Last 4 digits of account number	0953		\$2,841.00	
	Correspondence Po Box 981540 El Paso, TX 79998	When was the debt incurred?	Opened 12/11 5/28/15	Last Active		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	у		
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or d	livorce that you did not		
	■ No	Debts to pension or profit-sharing	ig plans, and other sin	nilar debts		
	Yes	Other. Specify Credit Card	l			
4.2	Citibank Nonpriority Creditor's Name	Last 4 digits of account number	9715		\$1,371.00	
	Citicorp Credt Srvs/Centr Po Box 790040	When was the debt incurred?	Opened 04/16			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that appl	у		
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or d	livorce that you did not		
	■ No	Debts to pension or profit-sharing	ig plans, and other sin	nilar debts		
	Yes	Other. Specify Credit card				
4.3	Internal Revenue Service Nonpriority Creditor's Name	Last 4 digits of account number	7513		\$1,647.96	
	P.O. Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred?	2010			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	у		
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or d	livorce that you did not		
	Is the claim subject to offset?	report as priority claims	C	,		
	■ No	Debts to pension or profit-sharing	ng plans, and other sim	nilar debts		
	□Yes	Other. Specify Taxes				

Debto	Mohammed A Khan	Case number (if know)				
4.4	Internal Revenue Service Nonpriority Creditor's Name	Last 4 digits of account number	7513	\$9,023.39		
	P.O. Box 7346	When was the debt incurred?	2014			
	Philadelphia, PA 19101-7346					
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	■ Other. Specify Taxes				
4.5	Raymour & Flanigan Nonpriority Creditor's Name	Last 4 digits of account number	8008	\$4,146.00		
	Attn: Legal Dept.	When was the debt incurred?	Opened 02/16			
	7248 Morgan Road		<u> </u>			
	Liverpool, NY 13088	_				
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply			
	Who incurred the debt? Check one.	_				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharing	g plans, and other similar debts			
	☐ Yes	Other. Specify Credit card				
4.6	Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number	7345	\$924.00		
	P.O. Box 103104	When was the debt incurred?	2015			
	Roswell, GA 30076					
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharing	•			
	☐ Yes	■ Other. Specify Credit card				

Debtor	1 Mohammed A Khan		Case number (if know)				
4.7	Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number	4430	\$1,907.38			
	P.O. Box 103104 Roswell, GA 30076	When was the debt incurred?	2015				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	Yes	Other Specify Credit card					
	Tarreta Matananadii Oann	Local Policy of the control of the c	0004	#2.000.00			
4.8	Toyota Motor credit Corp Nonpriority Creditor's Name	Last 4 digits of account number		\$3,200.00			
	Po Box 8026	When was the debt incurred?	Opened 1/31/14 Last Active 12/07/16				
	Cedar Rapids, IA 52408 Number Street City State Zlp Code	As of the date you file, the claim	is. Check all that apply				
	Who incurred the debt? Check one.	As of the date you me, the claim	is. Offect all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	debt						
	Is the claim subject to offset?						
	■ No	Debts to pension or profit-sharing	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Automobile	9				
4.9	Volkswagen Credit, Inc Nonpriority Creditor's Name	Last 4 digits of account number	2609	\$9,108.00			
	•		Opened 10/22/14 Last Active				
	Po Box 3 Hillsboro, OR 97123	When was the debt incurred?	1/18/16				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	7.0 0 , 0	STOOK all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Type of NONPRIORITY unsecure						
			d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharing	•				
	☐ Yes	■ Other, Specify Automobile	e				

Debto	Mohammed A Khan		Case number (if know)	
4.1	Wells Fargo Bank	Last 4 digits of account number	3165	\$6,400.00
	Nonpriority Creditor's Name Po Box 10438 Macf8235-02f Des Moines, IA 50306	When was the debt incurred?	Opened 01/15 Last Active 7/20/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only			
	•	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	☐ Student loans	a dam.	
	☐ Check if this claim is for a community debt	_	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card	d	
Part 3	List Others to Be Notified About a D	ebt That You Already Listed		
is try have	this page only if you have others to be notified ying to collect from you for a debt you owe to see more than one creditor for any of the debts the ied for any debts in Parts 1 or 2, do not fill out	someone else, list the original creditor in nat you listed in Parts 1 or 2, list the add	Parts 1 or 2, then list the collection agency	here. Similarly, if you
Name a	and Address	On which entry in Part 1 or Part 2 did you	ı list the original creditor?	
	n Financial LP	Line 4.8 of (Check one):	Part 1: Creditors with Priority Unsecured Clai	ms
_	ox 722929 ston, TX 77272-2929		Part 2: Creditors with Nonpriority Unsecured	Claims
Hous	NOII, 1X 11212-2323	Last 4 digits of account number		
	and Address ral Credit Services	On which entry in Part 1 or Part 2 did you Line 4.8 of (<i>Check one</i>):	list the original creditor? Part 1: Creditors with Priority Unsecured Clai	ms
	Box 15118	 · ′	Part 2: Creditors with Nonpriority Unsecured	
Jacks	sonville, FL 32239		- 1 art 2. Orealions with Noriphority Onsecured	Sidiiiis
		Last 4 digits of account number		
Midla	and Address and Funding	On which entry in Part 1 or Part 2 did you Line 4.6 of (<i>Check one</i>):	list the original creditor? Part 1: Creditors with Priority Unsecured Clai	ms
Suite			Part 2: Creditors with Nonpriority Unsecured	Claims
San L	Diego, CA 92108	Last 4 digits of account number		
	and Address	On which entry in Part 1 or Part 2 did you		
	and Funding	Line 4.7 of (Check one):	Part 1: Creditors with Priority Unsecured Clai	ms
2365 Suite	Northside Dr		Part 2: Creditors with Nonpriority Unsecured	Claims
	Diego, CA 92108			
	•	Last 4 digits of account number		
Name a	and Address	On which entry in Part 1 or Part 2 did you	list the original creditor?	
	nwide Credit, Inc		Part 1: Creditors with Priority Unsecured Clai	ms
	Summit Blvd	•	Part 2: Creditors with Nonpriority Unsecured	Claims
Suite Atlan	1600 hta, GA 30319-1559			
Allali	na, OA 30313-1333	Last 4 digits of account number		
Nama	and Address	On which ontry in Port 1 or Port 2 did you	List the original creditor?	
	and Address olio Recovery	On which entry in Part 1 or Part 2 did you Line 4.2 of (<i>Check one</i>):	i list the original creditor? I Part 1: Creditors with Priority Unsecured Clai	ms
Attn:	Bankruptcy	 :	Part 2: Creditors with Nonpriority Unsecured	
	ox 41067	_	- 2 2. C. Callotto Mail Homphority Officeureu	
Norfo	olk, VA 23541	Last 4 digits of account number		
	and Address I ns Agency	On which entry in Part 1 or Part 2 did you Line 4.5 of (Check one):	llist the original creditor? Part 1: Creditors with Priority Unsecured Clai	ms

Debtor 1 Mohammed A Khan		Case number (if know)	
4963 Wintersweet Drive Liverpool, NY 13088	Last 4 digits of account number	■ Part 2: Creditors with Nonpr	iority Unsecured Claims

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Т	otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	5,265.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	5,265.00
					otal Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.		6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	40,568.73
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	40,568.73

Fill in this infor	rmation to identify your	case:		
Debtor 1	Mohammed A Kh	an		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1		·	•		
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.4	-				
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

Official Form 106G

Fill in this	information to identify your	r case:			
Debtor 1	Mohammed A Kl	han			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ng) First Name	Middle Name	Last Name		
(Opodse II, IIII	ng) That Name				
United Sta	tes Bankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK		
Case num	ber				
(if known)					☐ Check if this is an
					amended filing
Officia	l Form 106H				
Sched	lule H: Your Cod	lebtors			12/15
our name	and case number (if known you have any codebtors? (if	n). Answer every question			of any Additional Pages, write
	,	you are imig a joint cace,	ao	. 40 4 00402.0	
■ No					
☐ Yes	3				
Arizon	hin the last 8 years, have yo a, California, Idaho, Louisiana				states and territories include
	Go to line 3. S. Did your spouse, former spo	ouse or legal equivalent live	with you at the time?		
— 100	s. Dia your spouse, former spe	ouse, or legal equivalent live	with you at the time:		
in line Form	2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	sure you have listed th	g with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and 2	ZIP Code		Column 2: The cre Check all schedule	ditor to whom you owe the debt s that apply:
3.1				☐ Schedule D, line	
	Name			Schedule E/F, li	
				☐ Schedule G, line	
-	Number Street			<u> </u>	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	<u> </u>
	Name			Schedule E/F, li	
				☐ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		

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	in this information to identify your c			
De	btor 1 Mohammed	A Khan		
	btor 2			
Uni	ited States Bankruptcy Court for the	EASTERN DISTRICT	OF NEW YORK	
	se number 		-	Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:
O	fficial Form 106I			
	chedule I: Your Inc	ome		MM / DD/ YYYY 12/15
atta		On the top of any additi		on about your spouse. If more space is needed, d case number (if known). Answer every question.
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	General Manager	MMSW
	employers. Include part-time, seasonal, or self-employed work.	Occupation Employer's name	General Manager City World Imports Inc	MMSW Hospice Care Network
	Include part-time, seasonal, or	·		
	Include part-time, seasonal, or self-employed work. Occupation may include student	Employer's name	City World Imports Inc 3333 Boston Road Bronx, NY 10469	Hospice Care Network 99 Sunnyside Blvd 2nd Floor
Pai	Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Employer's name Employer's address How long employed t	City World Imports Inc 3333 Boston Road Bronx, NY 10469	Hospice Care Network 99 Sunnyside Blvd 2nd Floor
Esti	Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Employer's name Employer's address How long employed to	City World Imports Inc 3333 Boston Road Bronx, NY 10469 here? 4 months	Hospice Care Network 99 Sunnyside Blvd 2nd Floor
Esti spo	Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Give Details About Moduse unless you are separated.	Employer's name Employer's address How long employed to the state you file this form. If the ore than one employer, contact the state you file that state you file this form.	City World Imports Inc 3333 Boston Road Bronx, NY 10469 here? 4 months you have nothing to report for any	Hospice Care Network 99 Sunnyside Blvd 2nd Floor Woodbury, NY 11797

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- Estimate and list monthly overtime pay. 3.
- Calculate gross Income. Add line 2 + line 3.

		For Deptor 1		filing spouse
2.	\$	13,400.00	\$	2,651.28
3.	+\$	0.00	+\$	0.00
4.	\$	13,400.00	\$_	2,651.28

Official Form 106I Schedule I: Your Income page 1

Debt	or 1	Mohammed A Khan	_	C	Case number (if kn	own)			
					For Debtor 1		For	Debtor 2 or	
								filing spouse	
	Cop	y line 4 here	4.		\$ 13,400	.00	\$	2,651.28	_
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 4,727	77	\$	425.48	
	5b.	Mandatory contributions for retirement plans	5b.		-,-=-	.00	\$	0.00	_
	5c.	Voluntary contributions for retirement plans	5c.			.00	\$	0.00	_
	5d.	Required repayments of retirement fund loans	5d			.00	\$	0.00	_
	5e.	Insurance	5e.		\$ 0	.00	\$	0.00	_
	5f.	Domestic support obligations	5f.		\$ 0	.00	\$	0.00	_
	5g.	Union dues	5g.		\$ 0	.00	\$	0.00	_
	5h.	Other deductions. Specify:	5h	.+	\$0	.00	+ \$	0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$4,727	.77	\$	425.48	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$8,672	.23	\$	2,225.80	_
8.		all other income regularly received:							
	8a.	Net income from rental property and from operating a business, profession, or farm							
		Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total			_				
		monthly net income.	8a.			.00	\$	0.00	_
	8b.	Interest and dividends	8b.		\$0	.00	\$	0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive							
		Include alimony, spousal support, child support, maintenance, divorce							
		settlement, and property settlement.	8c.		\$ 0	.00	\$	0.00	
	8d.	Unemployment compensation	8d.		\$ 0	.00	\$	0.00	_
	8e.	Social Security	8e.		\$ 0	.00	\$	0.00	
	8f.	Other government assistance that you regularly receive							
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental							
		Nutrition Assistance Program) or housing subsidies.							
		Specify:	8f.		\$ 0	.00	\$	0.00	
	8g.	Pension or retirement income	8g			.00	\$	0.00	_
	8h.	Other monthly income. Specify:	8h	.+	\$ 0	.00	+ \$	0.00	_
9.	Δdd	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	Φ	: 0	.00	\$	0.0	0
٥.	Auc	all other medile. Add lines barbbrocrourberbirografi.	٥.	L	, <u>_</u>	.00	L [*] —	0.00	
4.0	٠.	1. ALL 7. F. O.	[_					40.000.00
10.			10.	\$_	8,672.23	+ \$_	2,2	25.80 = \$	10,898.03
	Aaa	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L						
11.		e all other regular contributions to the expenses that you list in Schedule							
		ude contributions from an unmarried partner, members of your household, your er friends or relatives.	depe	ende	ents, your room	mates	, and		
		not include any amounts already included in lines 2-10 or amounts that are not	availa	able	to pav expense	es liste	ed in S	chedule J.	
	Spe				. , .			11. +\$	0.00
							_		
12.		the amount in the last column of line 10 to the amount in line 11. The res							
	app	e that amount on the Summary of Schedules and Statistical Summary of Certai	n Liai	DIIIt	ies and Related	i Data	, IT IT	12. \$	10,898.03
	αρρ								,
								Combi	
13.	Do	you expect an increase or decrease within the year after you file this form	?					monthi	ly income
		No.							
	П	Yes. Explain:							

Official Form 106I Schedule I: Your Income page 2

Fill	in this information to identify y	our case:					
Deb	otor 1 Mohammed	A Khan			Check	c if this is:	
Deh	otor 2				_	An amended filing	ving postpetition chapter
	ouse, if filing)						the following date:
Unit	ted States Bankruptcy Court for the	e: EASTE	RN DISTRICT OF NEW Y	ORK		MM / DD / YYYY	
Cas	se number						
(If k	nown)						
0	fficial Form 106J				•		
	chedule J: Your	Exper	nses				12/15
Be	as complete and accurate as prmation. If more space is no mber (if known). Answer eve	s possible eded, atta	. If two married people ar ach another sheet to this	re filing together, be form. On the top of	oth are equa f any addition	lly responsible fonal pages, write y	or supplying correct your name and case
Par 1.	t 1: Describe Your House Is this a joint case?	ehold					
	No. Go to line 2.						
	☐ Yes. Does Debtor 2 live ☐ No	ın a separ	ate nousehold?				
	= : : :	st file Offic	ial Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debto	or 2.	
2.	Do you have dependents?	□No					
	Do not list Debtor 1 and Debtor 2.	■ Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state the						□ No
	dependents names.			Son		1	■ Yes
				Son		4	□ No ■ Yes
						-	□ No
							Yes
							□ No □ Yes
3.	Do your expenses include	then =	l _{No}				1 163
	expenses of people other to yourself and your dependent		Yes				
Est	Estimate Your Ongo timate your expenses as of your expenses as of a date after the olicable date.	our bankr	uptcy filing date unless y	ou are using this follower that the second s	orm as a supe <i>J</i> , check the	oplement in a Cha e box at the top o	pter 13 case to report f the form and fill in the
the	lude expenses paid for with value of such assistance ar ficial Form 106I.)	non-cash nd have inc	government assistance i cluded it on <i>Schedule I:</i>)	f you know our Income		Your exp	enses
4.	The rental or home owners payments and any rent for the			nclude first mortgage	e 4. \$		3,200.00
	If not included in line 4:	-					
	4a. Real estate taxes				4a. \$		0.00
	4b. Property, homeowner	s, or renter	r's insurance		4b. \$		0.00
	4c. Home maintenance, re	•			4c. \$		125.00
_	4d. Homeowner's associa			ma aquitu la ara	4d. \$		0.00
5.	Additional mortgage paym	ents for y	our residerice, such as ho	me equity loans	5. \$		0.00

Debtor	1 Mohamr	ned A Khan	_ Case numb	per (if known)	
0 12:					
-	ilities:	hoot natural goo	6-	¢	EE0 00
6a	•	, heat, natural gas	6a.	·	550.00
6b		wer, garbage collection	6b.	·	50.00
6c.		e, cell phone, Internet, satellite, and cable services	6c.	· ———	500.00
6d		·		\$	0.00
		ekeeping supplies		\$	950.00
		children's education costs		\$	0.00
	-	lry, and dry cleaning		\$	250.00
		products and services	10.	·	100.00
		ntal expenses	11.	\$	200.00
		. Include gas, maintenance, bus or train fare.	10	¢	400.00
	not include c		12.	·	
		clubs, recreation, newspapers, magazines, and books		\$	200.00
		tributions and religious donations	14.	\$	0.00
-	surance.				
		nsurance deducted from your pay or included in lines 4 or 20		Φ	
	a. Life insura		15a.		0.00
	b. Health ins		15b.		0.00
	c. Vehicle in		15c.	•	350.00
		urance. Specify:	15d.	\$	0.00
		nclude taxes deducted from your pay or included in lines 4 o			
	ecify:		16.	\$	0.00
		ease payments:		•	
		ents for Vehicle 1	17a.	·	0.00
		ents for Vehicle 2	17b.		0.00
		ecify: Wifes Auto Loan	17c.		459.00
	d. Other. Sp	•	17d.	\$	0.00
		of alimony, maintenance, and support that you did not		¢	0.00
		your pay on line 5, Schedule I, Your Income (Official Fo	rm 106l). 18.	· .	
		s you make to support others who do not live with you.		\$	0.00
	ecify:	anto account of the short of the Board According to the forms of	19.		
		erty expenses not included in lines 4 or 5 of this form o			0.00
		s on other property	20a.		0.00
	b. Real esta		20b.		0.00
		homeowner's, or renter's insurance	20c.		0.00
		nce, repair, and upkeep expenses	20d.		0.00
20	e. Homeowr	ner's association or condominium dues	20e.	\$	0.00
21. Ot	her: Specify:		21.	+\$	0.00
22 Ca	laulata vaur	monthly expenses			
	a. Add lines 4	monthly expenses		¢	7 224 00
		•	10010	\$ \$	7,334.00
		2 (monthly expenses for Debtor 2), if any, from Official Form	1 106J-2	· ·	
22	c. Add line 22	a and 22b. The result is your monthly expenses.		\$	7,334.00
23 C a	alculate vour	monthly net income.	L		
	-	12 (your combined monthly income) from Schedule I.	23a.	\$	10,898.03
		r monthly expenses from line 22c above.	23b.	*	7,334.00
23	ы. Сору уой	i monthly expenses from line 22c above.	230.	Ψ	7,334.00
23	c Subtract v	your monthly expenses from your monthly income.			
23		t is your monthly net income.	23c.	\$	3,564.03
	100011		L		
		an increase or decrease in your expenses within the yea			
		ou expect to finish paying for your car loan within the year or do you	expect your mortgage p	ayment to increase or	decrease because of a
		terms of your mortgage?			
	No.				
	Yes.	Explain here:			

Fill in this infor	rmation to identify your	case:			
Debtor 1	Mohammed A Kh	an			
5	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK		
Case number					
(if known)					☐ Check if this is an amended filing
Official For					
Declara ^a	tion About a	n Individual	Debtor's Sch	hedules	12/15
Sig	gn Below ay or agree to pay some		ney to help you fill out ba	nkruptcy forms?	
■ No					
☐ Yes.	Name of person				uptcy Petition Preparer's Notice, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules filed	with this declaration	and
X /s/ Mo	hammed A Khan		X		
	mmed A Khan ure of Debtor 1		Signature of D	Pebtor 2	
Date	January 19, 2018		Date		

Official Form 106Dec

Fill	in this inform	nation to identify you	case:			
Deb	otor 1	Mohammed A K	nan			
		First Name	Middle Name	Last Name		
	otor 2 use if, filing)	First Name	Middle Name	Last Name		
Unit	ted States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK		
		. ,				
(if kn	e number own)					Check if this is an amended filing
Of	ficial For	m 107				
Sta	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/16
infor num	rmation. If mober (if known	ore space is needed,). Answer every ques	attach a separate sheet to stion.	this form. On the top of any	equally responsible for sup additional pages, write yo	
Par	Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1.	What is your	current marital statu	s?			
	■ Married □ Not marr	ried				
2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
	■ Na					
	■ No □ Yes. List	all of the places you li	ved in the last 3 years. Do no	ot include where you live now	<i>ı</i> .	
	Debtor 1 Pri	or Address:	Dates Debtor 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territor ico, Texas, Washington and V	
	■ No □ Yes. Ma	ke sure vou fill out <i>Sch</i>	redule H: Your Codebtors (O	fficial Form 106H)		
		,				
Par	t 2 Explain	n the Sources of You	r Income			
4.	Fill in the tota	I amount of income yo	u received from all jobs and a	g a business during this yeall businesses, including parter together, list it only once ur		ndar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	last calendar nuary 1 to De	year: cember 31, 2017)	■ Wages, commissions, bonuses, tips	\$42,580.62	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Debtor	1 <u>Mo</u>	hammed	A Khan		Cas	e number (if known)		
				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco	ply.	Gross income (before deductions and exclusions)
			efore that: 31, 2016)	■ Wages, commissions, bonuses, tips	\$27,041.82	☐ Wages, comm bonuses, tips	nissions,	
				☐ Operating a business		☐ Operating a bi	usiness	
		lar year: December	31, 2015)	■ Wages, commissions, bonuses, tips	\$107,074.00	☐ Wages, comm bonuses, tips	nissions,	
				☐ Operating a business		☐ Operating a bi	usiness	
win	nings. Ì t each s No	f you are fi	ling a joint ca	pensions; rental income; inte se and you have income that ome from each source separa	you received together, list it o	only once under Deb	otor 1.	gambling and lottery
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)
			efore that: 31, 2016)	Other Income	\$26,400.00			
		lar year: December	31, 2015)	Other Income	\$10,840.00			
Part 3:	List	Certain P	avments You	ı Made Before You Filed for	Bankruptcy			
6. Are	e either	Debtor 1'	s or Debtor 2	2's debts primarily consume	r debts?	o are defined in 11 I	150 5404//	
	No.			Debtor 2 has primarily consi a personal, family, or househo		s are defined in 11 C	7.5.C. 9 101(c	o) as incurred by an
			e 90 days bef	ore you filed for bankruptcy, d	id you pay any creditor a tota	I of \$6,425* or more	:?	
		□ _{No.} □ _{Yes}	Go to line		id a total of CC 105* or mare		anta and tha	total amount vou
			paid that control not include	each creditor to whom you pa reditor. Do not include paymer payments to an attorney for t ton 4/01/19 and every 3 year	nts for domestic support oblights bankruptcy case.	ations, such as chile	d support and	
	Yes.			or both have primarily consu		I of \$600 or more?	·	
		■ No.	Go to line	7				
		■ No.		each creditor to whom you pa	id a total of \$600 or more and	the total amount vo	nu naid that c	reditor. Do not
		— 163	include pay	yments for domestic support or r this bankruptcy case.				
Cr	editor's	s Name ar	d Address	Dates of payme	ent Total amount paid	Amount you still owe	Was this pay	yment for

Official Form 107

Case number (if known)

	·				•			
7.	Within 1 year before you filed for bankruptour sinclude your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	rtners; relatives of any gen- control, or owner of 20% of	eral partners; partner r more of their votin	erships of which yog g securities; and a	ou are a genera ny managing a	Il partner; corporations gent, including one fo		
	■ No□ Yes. List all payments to an insider.							
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment		
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.							
	No							
	Yes. List all payments to an insider							
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name		
Par	t 4: Identify Legal Actions, Repossession	s, and Foreclosures						
	List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.			ni suits, paternity a		·		
	Case title Case number	Nature of the case	Court or agency		Status of the case			
	WELLS FARGO BANK, NA VS KHAN, MOHAMMED A. INDEX #0011134/2015	FORECLOSURE	NASSAU COUI SUPREME COI 100 SUPREME DRIVE Mineola, NY 11	URT COURT	■ Pending □ On appe □ Conclud			
10.	Within 1 year before you filed for bankrupte Check all that apply and fill in the details below ☐ No. Go to line 11. ☐ Yes. Fill in the information below. Creditor Name and Address		rty repossessed, f	oreclosed, garnis	·	I, seized, or levied? Value of the		
	oreutor Name and Address	Explain what happened		Date		property		
	Toyota Motor credit Corp Po Box 8026	2011 Lexus BX350		2016	5	\$0.00		
	Cedar Rapids, IA 52408	 ■ Property was repossessed. □ Property was foreclosed. □ Property was garnished. □ Property was attached, seized or levied. 						
	Audi Financial Svcs	2015 Audi A6			3	\$0.00		
	c/o Afni Inc 1310 Martin Luther King D PO Box 3517 Bloomington, IL 61702-3517	ssed. ed. ed.						
		☐ Property was attached	d, seized or levied.					

Debtor 1

Mohammed A Khan

Del	btor 1 Mohammed A Khan		Case number	(if known)				
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? ■ No □ Yes. Fill in the details.							
		_						
	Creditor Name and Address	De	escribe the action the creditor took	Date action was taken	Amount			
12.	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?							
	■ No □ Yes							
Par								
			did and the second seco	L #000	•			
13.	Nithin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift.							
	Gifts with a total value of more than \$60	0	Describe the gifts	Dates you gave	Value			
	per person		2.000.100 g.1.0	the gifts				
	Person to Whom You Gave the Gift and Address:							
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?							
	Yes. Fill in the details for each gift or contribution.							
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code		Describe what you contributed	Dates you contributed	Value			
Par	rt 6: List Certain Losses	•,						
		ptcy o	r since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,			
	■ No							
	☐ Yes. Fill in the details.							
	Describe the property you lost and how the loss occurred		ibe any insurance coverage for the loss	Date of your	Value of property lost			
	now the loss occurred		e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	loss	1051			
Par	rt 7: List Certain Payments or Transfers	;						
	<u> </u>							
16.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.							
	□ No							
	Yes. Fill in the details.							
	Person Who Was Paid		Description and value of any property	Date payment	Amount of			
	Address Email or website address Person Who Made the Payment, if Not Y	' 011	transferred	or transfer was made	payment			
	Jacoby & Jacoby, Attorneys At Law 1737 NORTH OCEAN AVENUE		Attorney Fees	08/17/17	\$1,500.00			
	Medford, NY 11763							

Deb	otor 1 Moha i	mmed A Khan		Ca	se number (ii	f known)		
17.	7. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.							
	■ No □ Yes. Fill i	n the details.						
	Person Who Address	Was Paid	Description and v transferred	Description and value of any property transferred		Date payment or transfer was made	Amount o paymen	
	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.							
	Address	Received Transfer	•	property transferred		ny property or received or debts hange	Date transfer was made	
	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.							
	Name of trus	t	Description and value of the property transferred			Date Transfer was made		
Par	t 8: List of 0	Certain Financial Accounts, In	struments, Safe Deposit	Boxes, and Stora	ge Units			
 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit union houses, pension funds, cooperatives, associations, and other financial institutions. ■ No □ Yes. Fill in the details. 							•	
		ancial Institution and aber, Street, City, State and ZIP	Last 4 digits of account number	Type of account instrument	clos	e account was sed, sold, /ed, or sferred	Last balance before closing o transfe	

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

☐ Yes. Fill in the details.

Name of Financial Institution
Address (Number, Street, City, State and ZIP Code)
Address (Number, Street, City, State and ZIP Code)

Address (Number, Street, City, State and ZIP Code)

Address (Number, Street, City, State and ZIP Code)

Address (Number, Street, City, State and ZIP Code)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

☐ Yes. Fill in the details.

Name of Storage Facility
Address (Number, Street, City, State and ZIP Code)

Who else has or had access to it?

Address (Number, Street, City, State and ZIP Code)

Describe the contents

Do you still have it?

Case number (if known)

Par	t 9: Identify Property You Hold or Control for	· Someone Else					
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.						
■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value			
Par	t 10: Give Details About Environmental Inform	nation					
For	the purpose of Part 10, the following definitions	s apply:					
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.						
	Site means any location, facility, or property as to own, operate, or utilize it, including disposa	-	law, whether you now own, operate,	or utilize it or used			
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic	substance,			
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of wher	n they occurred.				
24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?						
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of any release of hazardous material?						
	■ No						
	Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.						
	■ No						
	☐ Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case			
Par	t 11: Give Details About Your Business or Co	nnections to Any Business					
27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?							
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time						
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)						
	☐ A partner in a partnership						
	☐ An officer, director, or managing executive of a corporation						
	☐ An owner of at least 5% of the voting or equity securities of a corporation						

Official Form 107

Debtor 1 Mohammed A Khan

Debtor 1 _ Mohammed A Khan		Case number (if known)
■ No. None of the above applies. Go to	Part 12	
	I in the details below for each business.	
Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
	ramo el accomiant el becimespo.	Dates business existed
MSN & J Consulting LLC 781 Rutgers Road Franklin Square, NY 11010	Leasing & Automobile Consulting	EIN: 7513 From-To 10/2016 - present
institutions, creditors, or other parties. No Yes. Fill in the details below. Name Address	Date Issued	anyone about your business? Include all financial
(Number, Street, City, State and ZIP Code)		
Part 12: Sign Below		
	false statement, concealing property, or	I I declare under penalty of perjury that the answers robtaining money or property by fraud in connection years, or both.
Mohammed A Khan Signature of Debtor 1	Signature of Debtor 2	
Date _January 19, 2018	Date	
Did you attach additional pages to Your Statement No ☐ Yes	ent of Financial Affairs for Individuals Fi	ling for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is no ■ No □ Yes. Name of Person Attach the Bankru		

Fill in this inform	Fill in this information to identify your case:							
Debtor 1	Mohammed A Khan							
Debtor 2 (Spouse, if filing)								
United States B	Bankruptcy Court for the: Eastern District of New York							
Case number (if known)								

Check	Check as directed in lines 17 and 21:									
1	According to the calculations required by this Statement:									
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).									
•	Disposable income is determined under 11 U.S.C. § 1325(b)(3).									
	3. The commitment period is 3 years.									
	4. The commitment period is 5 years.									

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 7,069.77 2,651.28 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not 0.00 0.00 filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 0.00 Copy here -> \$ 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case number (if known)

					Column A Debtor 1		Column B Debtor 2 o	or	
7.	Interes	st, dividends, and royalties			\$	0.00	\$	0.00	
		ployment compensation			\$	0.00	\$	0.00	
		enter the amount if you contend the cial Security Act. Instead, list it her		was a benefit und	ler				
	For	you	\$	0.00					
	For	your spouse	\$	0.00					
9.		on or retirement income. Do not under the Social Security Act.	include any amount rece	ived that was a	\$	0.00	\$	0.00	
10.	Do not receive	e from all other sources not listed include any benefits received under ad as a victim of a war crime, a crift tic terrorism. If necessary, list other below.	der the Social Security Ac me against humanity, or i	t or payments international or					
					\$	0.00	\$	0.00	
					\$	0.00	\$	0.00	
		Total amounts from separate pa	ages, if any.		+ \$	0.00	\$	0.00	
11.	Calcul each c	ate your total average monthly i olumn. Then add the total for Colu	income. Add lines 2 throumn A to the total for Colu	ugh 10 for umn B. \$_	7,069.77	+ \$_	2,651.28	= \$	9,721.05
12.	Сору	Determine How to Measure You your total average monthly incorate the marital adjustment. Chec	me from line 11.					\$	9,721.05
13.	_	ou are not married. Fill in 0 below.							
	_	ou are married and your spouse is		elow.					
	■ Y	ou are married and your spouse is	s not filing with you.						
	F	ill in the amount of the income liste ependents, such as payment of the	ed in line 11, Column B, t						
		elow, specify the basis for excluding djustments on a separate page.	ng this income and the ar	mount of income	devoted to ead	ch purpose	e. If necessary	y, list addit	ional
	If	this adjustment does not apply, er	nter 0 below.						
				\$ _e					
									
				· · ·					
		Total		\$	0.0	00 Cd	opy here=>		0.00
14.		current monthly income. Subtra						\$	9,721.05
15.	Calc	ulate your current monthly incor	me for the year. Follow	these steps:					0.724.05
	15a.	Copy line 14 here=>						\$	9,721.05
		Multiply line 15a by 12 (the numb	per of months in a year)					X	12
			er or months in a year).						

Mohammed A Khan

Debtor 1

Debt	or 1 IVIO	nammed A Knan		Case number (# known)		
16	. Calculat	e the median family income that applies to yo	ou. Follow these steps:			
	16a. Fill	in the state in which you live.	NY			
	16b Fill	in the number of people in your household.	4			
		n the median family income for your state and si	zo of household		•	96,527.00
	To f	ind a list of applicable median income amounts, ructions for this form. This list may also be available.	go online using the link		\$_	30,327.00
17	. How do	the lines compare?				
	17a. [Line 15b is less than or equal to line 16c. Or 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NO				
	17b.	Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcul your current monthly income from line 14 ab	ation of Your Disposal			
Par	t 3: C	alculate Your Commitment Period Under 11 U	.S.C. § 1325(b)(4)			
18.	Сору уо	ur total average monthly income from line 11	•		\$	9,721.05
19.	contend	the marital adjustment if it applies. If you are rethat calculating the commitment period under 11 income, copy the amount from line 13.	married, your spouse is i	not filing with you, and you		
	19a. If th	e marital adjustment does not apply, fill in 0 on li	ne 19a.		-\$	0.00
	19b. Su k	otract line 19a from line 18.			\$	9,721.05
20.	Calculat	e your current monthly income for the year.	Follow these steps:			
	20a. Cop	y line 19b			\$_	9,721.05
	Mul	tiply by 12 (the number of months in a year).				1 2
	20b. The	result is your current monthly income for the year	ar for this part of the form	m	\$_	116,652.60
	20c. Cop	by the median family income for your state and si	ze of household from lir	ne 16c	\$_	96,527.00
	21. Ho v	v do the lines compare?				
		Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	ordered by the court, o	on the top of page 1 of this form, ch	eck box 3, 7	The commitment
		Line 20b is more than or equal to line 20c. Unle commitment period is 5 years. Go to Part 4.	ess otherwise ordered b	y the court, on the top of page 1 of	this form, ch	neck box 4, The
Par	t 4: Si	gn Below				
		ng here, under penalty of perjury I declare that th	e information on this sta	atement and in any attachments is t	rue and cor	rect.
,	/ /s/ Mo	hammed A Khan				
,		nmed A Khan				
	J	re of Debtor 1				
		inuary 19, 2018 M / DD / YYYY				
		ecked 17a, do NOT fill out or file Form 122C-2.				
	•	·	is form. On line 20 of the	at form convivour augreent manth.	incomo fra-	lino 14 obove
	ii you ch	ecked 17b, fill out Form 122C-2 and file it with th	is ioitii. Ott iitie 39 01 tha	actoriii, copy your current monthly !	TICOTHE HOIT	1 IIIIC 14 aDOVE.

Fill in	this info	rmation to ident	ify your	case:								
Debto	or 1	Mohammed A	Khan									
Debto (Spou	or 2 ise, if filin	g)										
United	d States E	Bankruptcy Court for	or the:	Eastern District of	of New York							
Case (if kno	number own)							☐ Chec	k if this is	an amende	d filing	
	al Form 1: apter	^{22C-2} 13 Calcula	atior	of Your I	Disposabl	le Ir	ncome					04/16
		orm, you will nee eriod (Official Fo			of Chapter 13 St	tateme	ent of Your Curre	ent Monthly	/ Income a	nd Calculati	on of	
space	is neede onal page	e and accurate as d, attach a separ es, write your nar Iculate Your Ded	ate sheene	et to this form, In case number (if k	clude the line nu known).							ore
Dec exp 122	e question ormation duct the e penses if t 2C-1, and our exper	Revenue Service in sin lines 6-15. To may also be available expense amounts shey are higher that if do not deduct an inses differ from mounts are some services 1-4 are no	To find to ilable at set out in the start amount to month	the IRS standards the bankruptcy of lines 6-15 regard and the standards. Do not in the standards that you subtration the enter the available in the standard standards.	s, go online using clerk's office. dless of your actual clude any operaticted from your sporterage expense.	g the I al expe ing exp oouse's	ense. In later part benses that you s is income in line 13	the separates of the form the subtracted from 12 of Form 12	te instruct n, you will u rom income 22C-1.	ions for this use some of y in lines 5 an	form. The rour actual d 6 of For	is al
5.		mber of people u										
	plus the	ne number of peop e number of any ac nber of people in y	dditional	dependents whor	is exemptions on y	your fe iis num	ederal income tax lber may be differ	return, rent from		4		
Nat	tional Sta	andards	You mus	st use the IRS Nat	tional Standards to	o ansv	ver the questions	in lines 6-7				
6.		clothing, and other					d in line 5 and the	IRS Nation	al	\$	1,650).00
7.	the doll	pocket health can ar amount for out- who are 65 or olde han this IRS amou	of-pocke erbeca	t health care. The use older people h	number of people have a higher IRS	e is sp allowa	lit into two catego ance for health ca	riespeople	e who are ι	ınder 65 and		

Official Form 22C-2

Debtor 1	Monammed A Knan		Case number (if known)	
Peop	e who are under 65 years of age			
7	a. Out-of-pocket health care allowance per person	\$ 49		
7	b. Number of people who are under 65	X 4		
7	c. Subtotal. Multiply line 7a by line 7b.	\$ 196.00	Copy here=> \$196.00	<u>)</u>
Peop	e who are 65 years of age or older			
7	d. Out-of-pocket health care allowance per person	\$ 117		
7	e. Number of people who are 65 or older	x 0		
7	f. Subtotal. Multiply line 7d by line 7e.	\$ 0.00	Copy here=> \$ 0.00	<u>)</u>
7	g. Total. Add line 7c and line 7f		5 196.00 Copy total here	\$ <u>196.00</u>
Local	Standards You must use the IRS Local Standards to	o answer the guestion	e in lines 8-15	
Base	I on information from the IRS, the U.S. Trustee Pro	·		
_	uptcy purposes into two parts:			
_	using and utilities - Insurance and operating expen	ses		
	using and utilities - Mortgage or rent expenses			
separ 8. H	swer the questions in lines 8-9, use the U.S. Trusterate instructions for this form. This chart may also be lousing and utilities - Insurance and operating expert the dollar amount listed for your county for insurance	e available at the baenses: Using the num	nkruptcy clerk's office. ber of people you entered in line 5, fill	\$ 795.00
	lousing and utilities - Mortgage or rent expenses:	and operating expens	cs .	T
	Using the number of people you entered in line 5, f listed for your county for mortgage or rent expense		\$3,077.00	<u>)</u>
Ę	b. Total average monthly payment for all mortgages a	and other debts secure	ed by your home.	
	To calculate the total average monthly payment, accontractually due to each secured creditor in the 60	dd all amounts that are	Э	
	for bankruptcy. Next divide by 60.			
	Name of the creditor	Average mont payment	hly	
	Wells Fargo Hm Mortgag	\$\$	0.50	
		. 405	Сору	Repeat this amount
	9b. Total average monthly paymer	nt \$ 4,05	0.50 here=> -\$ 4,050.5	on line 33a.
ξ	c. Net mortgage or rent expense.			
	Subtract line 9b (total average monthly payment) fror rent expense). If this number is less than \$0, ent		\$0.00 Cop	
10. l	you claim that the U.S. Trustee Program's division	of the IRS Local Sta	undard for housing is incorrect and	
	ffects the calculation of your monthly expenses, fil			\$ 0.00
	Explain why:			

ebtor 1	Mohammed A Khan		Case number (if known)	
11.	Local transportation expenses: Check the number of vehic	cles for which you claim	an ownership or operating e	expense.
	■ 0. Go to line 14.			
	☐ 1. Go to line 12.			
	2 or more. Go to line 12.			
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for			
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.			
Ve	hicle 1 Describe Vehicle 1:			
13a.	Ownership or leasing costs using IRS Local Standard		\$ 0.00	
13b.	Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.			
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.		at	
	Name of each creditor for Vehicle 1	Average monthly payment		
		\$		
	Total Average Monthly Payment	\$	Copy here => -\$ 0.0	Repeat this amount on line 33b.
13c.	Net Vehicle 1 ownership or lease expense			Copy net
	Subtract line 13b from line 13a. if this number is less than \$0), enter \$0	\$0.00_	Vehicle 1 expense here => \$ 0.00
Ve	hicle 2 Describe Vehicle 2:			
13d.	Ownership or leasing costs using IRS Local Standard		\$ 0.00	
13e.	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	. Do not include costs fo)[
	Name of each creditor for Vehicle 2	Average monthly payment		
		\$		
	Total average monthly payment	\$	Copy here => -\$ 0.00	Repeat this amount on line 33c.
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0), enter \$0	\$0.00_	Copy net Vehicle 2 expense here => \$ 0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of vehicles			the \$189.00
15.	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in word claim more than the IRS Local Standard for <i>Public Trans</i> .	1 or more vehicles in lin what you believe is the a	e 11 and if you claim that yo	

Case number (if known)

Oth	ler Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expense the following IRS categories.	ses for	
16.	Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.	m	
	Do not include real estate, sales, or use taxes.	\$	2,624.39
17.	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.		0.00
	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any for of life insurance other than term.		0.00
19.	Court-ordered payments: The total monthly amount that you pay as required by the order of a court or		
	administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35	\$	0.00
20	Education: The total monthly amount that you pay for education that is either required:	·	
20.	as a condition for your job, or		
	for your physically or mentally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool	 ol.	
	Do not include payments for any elementary or secondary school education.	\$	0.00
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.		
	Payments for health insurance or health savings accounts should be listed only in line 25.	\$	0.00
23.	Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business celephone service, to the extent necessary for your health and welfare or that of your dependents or for the production or income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.	II f	50.00
24.	Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.	\$	5,504.39
Add	ditional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24.		
25.	Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse your dependents.	ı e, or	
	Health insurance \$		
	Disability insurance \$ 0.00		
	Health savings account + \$ 0.00		
	Total \$ Copy total here=>	\$	0.00
	Do you actually spend this total amount?		
	No. How much do you actually spend?		
	■ Yes \$		
26.	Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)		0.00
27.	Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the	·	
	safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply By law, the court must keep the nature of these expenses confidential.	′. \$	0.00
	= ,, barrings help the hatale of those experience communities.		

Mohammed A Khan

Debtor 1

ebtor 1	Mohammed A Khan	Case number (if known	own)			
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance and operat	ting expenses	s on		
	If you believe that you have home energy c 8, then fill in the excess amount of home er	osts that are more than the home energy costs included i lergy costs	in expenses o	on line		
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must show that the	e additional		\$	0.00
	Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school.	Iren who are younger than 18. The monthly expenses (opendent children who are younger than 18 years old to a	not more that ttend a privat	n e or		
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain why not already accounted for in lines 6-23.	the amount			
	* Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on or after the date	of adjustmer	nt.	\$	0.00
		he monthly amount by which your actual food and clothin allowances in the IRS National Standards. That amount is in the IRS National Standards.				
		ional allowance, go online using the link specified in the so be available at the bankruptcy clerk's office.	separate			
	You must show that the additional amount of	claimed is reasonable and necessary.			\$	0.00
	Continuing charitable contributions. The instruments to a religious or charitable orga	amount that you will continue to contribute in the form of nization. 11 U.S.C. § 548(d)(3) and (4).	f cash or fina	ncial		
	Do not include any amount more than 15%	of your gross monthly income.			\$	0.00
	Add all of the additional expense deduct Add lines 25 through 31.	ions.			\$	0.00
Dedu	ections for Debt Payment			_		
	or debts that are secured by an interest pans, and other secured debt, fill in lines	in property that you own, including home mortgages, 33a through 33e.	, vehicle			
	o calculate the total average monthly paym reditor in the 60 months after you file for ba	ent, add all amounts that are contractually due to each senkruptcy. Then divide by 60.	ecured			
	Mortgages on your home				verage i ayment	monthly
33a.	Copy line 9b here			=> \$	-	,050.50
	Loans on your first two vehicles					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
33b.	0 " 10"			=> \$		0.00
33c.				=> \$		0.00
33d.	List other secured debts:					
	e of each creditor for other secured debt	Identify property that secures the debt	Does payme include taxe or insurance	s		
			□ No			
	-NONE-		☐ Yes	\$		
			□ No			
			☐ Yes			
			□ 162	\$		
			□ No			
			☐ Yes	+ \$		
				Сору		

IVIOTI	allilleu A Kliali			Cas	e number	(II KIIOWII)			
					·,				
No.	Go to line 35.								
Yes.	listed in line 33, to keep po	ssession of your proper	ty (called the c						
of the	creditor	Identify property that s	ecures the deb	t	Total o	cure amount			cure
IE-				\$			÷ 60 = \$		
				Total	\$	0.00	Copy total here=>	\$	0.00
					at				
•	_		-						
Yes.	ongoing priority claims, such	ch as those you listed in	line 19.						
	Total amount of all past-o	lue priority claims			\$	5,265.00	÷ 60	\$	87.75
jecte	d monthly Chapter 13 plar	n payment			\$				
ice of t Execu find a lis	the United States Courts (for utive Office for United States at of district multipliers that inclu	or districts in Alabama and s Trustees (for all other of udes your district, go online	nd North Caroli districts). using the link sp	ina) or by ecified in the	x		1		
erage i	monthly administrative expe	ense			\$_				
		t payment.						\$	4,138.25
Deduc	tions from Income								
d all o	f the allowed deductions.								
			\$	5,504.39	<u> </u>				
opy lin				0.00	<u>) </u>				
opy lin	e 37, All of the deductions t	for debt payment	+\$	4,138.25					
otal de	ductions		\$	9.642.64	Co	opv total here=>	. 9	;	9,642.64
	you o past No. Yes. Ves. Ves	No. Go to line 35. Yes. State any amount that you listed in line 33, to keep por Next, divide by 60 and fill it of the creditor IE- you owe any priority claims - spast due as of the filing date of No. Go to line 36. Yes. Fill in the total amount of an ongoing priority claims, sur Total amount of all past-originate priority claims - sur Total amount of all past-originate priority claims - sur Total amount of all past-originate priority claims - sur Total amount of all past-originate priority claims - sur Total amount of all past-originate priority claims - sur Total amount of all past-originate priority claims - sur Total amount of all past-originate priority claims - sur Total amount of all past-originate priority claims - sur Total amount of all past-originate priority claims - sur Total amount of all past-originate priority claims - sur Total amount of all past-originate priority claims - sur Total amount of all past-originate priority claims - sur Total amount of all past-originate priority claims - sur Total amount of all past-originate priority claims - sur Total amount of all past-originate priority claims - sur Total amount of all past-originate priority claims - sur Total amount of all past-originate priority claims - sur Total am	pany debts that you listed in line 33 secured by your pother property necessary for your support or the support	e any debts that you listed in line 33 secured by your primary reside other property necessary for your support or the support of your debter property necessary for your support or the support of your debter property necessary for your support or the support of your debter of your debter of your property (called the context of your property that secures the debter of the creditor like. Identify property that secures the debter of your own and your property that secures the debter of your due to your bankruptcy case? 11 U.S.C. § No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims. Total amount of all past-due priority claims. Spected monthly Chapter 13 plan payment. Trent multiplier for your district as stated on the list issued by the Administre of the United States Courts (for districts in Alabama and North Carolic Executive Office for United States Trustees (for all other districts). India list of district multipliers that includes your district, go online using the link speciate instructions for this form. This list may also be available at the bankruptcy claims are instructions for this form. This list may also be available at the bankruptcy claims are instructions from Income did all of the deductions for debt payment. Identify property that secures the debter of your property (secure of your proper	any debts that you listed in line 33 secured by your primary residence, a vehicle other property necessary for your support or the support of your dependents? No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below. of the creditor IE- S Total you owe any priority claims - such as a priority tax, child support, or alimony - the past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims refected monthly Chapter 13 plan payment trent multiplier for your district as stated on the list issued by the Administrative ce of the United States Courts (for districts in Alabama and North Carolina) or by Executive Office for United States Trustees (for all other districts), and a list of district multipliers that includes your district, go online using the link specified in the arate instructions for this form. This list may also be available at the bankruptcy clerk's office. Degrage monthly administrative expense and all of the deductions for debt payment. Id all of the allowed deductions. Dopy line 24, All of the expenses allowed under IRS penses allowances \$ 5,504.39 pense allowances \$ 0.00 ppy line 37, All of the deductions for debt payment +\$ 4,138.25	rany debts that you listed in line 33 secured by your primary residence, a vehicle, other property necessary for your support or the support of your dependents? No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below. of the creditor Identify property that secures the debt Total of the creditor Identify property that secures the debt Total of the creditor Total of the creditor Identify property that secures the debt Total of the creditor Identify property that secures the debt Total of the creditor Total of the creditor Identify property that secures the debt Total of the creditor of the credit	rany debts that you listed in line 33 secured by your primary residence, a vehicle, other property necessary for your support or the support of your dependents? No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. of the creditor Identify property that secures the debt	Pany debts that you listed in line 33 secured by your primary residence, a vehicle, other property necessary for your support or the support of your dependents? No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below. of the creditor Identify property that secures the debt Total cure amount Man and the content of the creditor Identify property that secures the debt Total cure amount Man and the content of the creditor Identify property that secures the debt Total cure amount Identify property that secures the debt Total cure amount Identify property that secures the debt Total cure amount Identify property that secures the debt Identify property total past due as of the filling date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims. So not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims. So not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims. So not include current or past of the second of th	that you listed in line 33 secured by your primary residence, a vehicle, other property necessary for your support or the support of your dependents? No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below. of the creditor Identify property that secures the debt

Debtor 1	Mohammed A	A Khan		Case	numbe	r (if known)		
Part 2:	Determine Yo	our Disposable Income Under 1	1 U.S.C. § 1325(b)((2)				
		rrent monthly income from line Current Monthly Income and C					\$	9,721.05
chi disa rec	ildren. The month ability payments eived in accorda	bly necessary income you rece hly average of any child support p for a dependent child, reported in nce with applicable nonbankrupto pended for such child.	payments, foster ca Part I of Form 122	re payments, or C-1, that you	\$_	0	.00	
em in 1	ployer withheld for	retirement deductions. The moreon wages as contributions for quo)(7) plus all required repayments C. § 362(b)(19).	ıalified retirement p	lans, as specified	\$_	0	.00	
42. Tot	al of all deducti	ons allowed under 11 U.S.C. §	707(b)(2)(A). Copy	line 38 here=>	\$	9,642	.64	
exp the	enses and you hir expenses. You	cial circumstances. If special circumstances. If special circumster nave no reasonable alternative, do must give your case trustee a dedocumentation for the expenses.	escribe the special	circumstances and	I			
Descri	be the special c	ircumstances		Amount of exper	nse			
,				·				
				S				
			\$	·				
			Total \$	0.00	Copy		0.00	
44. To t	tal adjustments.	Add lines 40 through 43.		=> \$		9,642.64	Copy here=> -\$	9,642.64
	-	nthly disposable income under	§ 1325(b)(2). Subt	ract line 44 from lir	ne 39.		\$	78.41
Part 3:		come or Expenses						
hav tim you	ve changed or are e your case will b u filed your petitio	or expenses. If the income in Formation before virtually certain to change after be open, fill in the information below, check 122C-1 in the first column I in when the increase occurred, a	the date you filed yow. For example, if nn, enter line 2 in th	our bankruptcy pet the wages reported ne second column,	ition a	and during the eased after		
Form	Line	Reason for change		Date of change		ncrease or decrease?	Amount of cha	nge
☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220	0-2 0-1 0-2 0-1 0-2 0-1				 - - -	Increase Decrease Increase Decrease Increase Decrease Increase Decrease Decrease	\$ \$ \$	

Debtor 1	Mohammed A Khan	Case number (<i>if known</i>)
Part 4:	Sign Below	
ı	By signing here, under penalty of perjury you de	eclare that the information on this statement and in any attachments is true and correct.
х	/s/ Mohammed A Khan Mohammed A Khan Signature of Debtor 1	
Date	January 19, 2018 MM / DD / YYYY	

Official Form 122C-2

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

In re Mohammed A Khan					
	Debtor(s)	Case No. Chapter	13		
	MPENSATION OF ATTO		,		
 Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemple 	he filing of the petition in bankruptcy	y, or agreed to be paid	to me, for services rendered of	r to	
			4,500.00		
Prior to the filing of this statement I have reco	eived	\$	1,500.00		
Balance Due		\$	3,000.00		
2. The source of the compensation paid to me was:					
■ Debtor □ Other (specify):					
3. The source of compensation to be paid to me is:					
■ Debtor □ Other (specify):					
4. I have not agreed to share the above-disclosed	l compensation with any other person	n unless they are mem	bers and associates of my law	firm.	
☐ I have agreed to share the above-disclosed corcopy of the agreement, together with a list of the same of the sa				A	
5. In return for the above-disclosed fee, I have agree	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:				
 a. Analysis of the debtor's financial situation, and b. Preparation and filing of any petition, schedule c. Representation of the debtor at the meeting of d. [Other provisions as needed] Negotiations with secured creditor reaffirmation agreements and appl 522(f)(2)(A) for avoidance of liens of 	es, statement of affairs and plan whic creditors and confirmation hearing, a rs to reduce to market value; ex lications as needed; preparatio	ch may be required; and any adjourned hea cemption planning	rings thereof;		
 By agreement with the debtor(s), the above-disclo Representation of the debtors in a any other adversary proceeding. 			es, relief from stay action	s or	
	CERTIFICATION				
I certify that the foregoing is a complete statement this bankruptcy proceeding.	t of any agreement or arrangement for	or payment to me for r	epresentation of the debtor(s)	in	
January 19, 2018	/s/ Richard A. Ja				
Date	Richard A. Jaco Signature of Attorn	• •			
	Jacoby & Jacob	y, Attorneys At La	N		
	1737 North Ocea	an Avenue			
	Medford, NY 117 631-289-4600	163			
	Name of law firm				

United States Bankruptcy Court Eastern District of New York

In re	Mohammed A Khan		Case No.	
		Debtor(s)	Chapter	13

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: January 19, 2018

/s/ Mohammed A Khan
Signature of Debtor

Date: January 19, 2018

/s/ Richard A. Jacoby, Esq.
Signature of Attorney
Richard A. Jacoby, Esq.
Jacoby & Jacoby, Attorneys At Law
1737 North Ocean Avenue
Medford, NY 11763

631-289-4600

USBC-44 Rev. 9/17/98

Alltran Financial LP PO Box 722929 Houston, TX 77272-2929

Amex Correspondence Po Box 981540 El Paso, TX 79998

Central Credit Services P.O. Box 15118
Jacksonville, FL 32239

Citibank Citicorp Credt Srvs/Centr Po Box 790040 Saint Louis, MO 63179

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346

Midland Funding 2365 Northside Dr Suite 300 San Diego, CA 92108

Nationwide Credit, Inc 2002 Summit Blvd Suite 600 Atlanta, GA 30319-1559

Portfolio Recovery Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541

Raymour & Flanigan Attn: Legal Dept. 7248 Morgan Road Liverpool, NY 13088

Simons Agency 4963 Wintersweet Drive Liverpool, NY 13088 Stein, Wiener & Roth, LLP One Old Country Road Suite 113 Carle Place, NY 11514

Synchrony Bank P.O. Box 103104 Roswell, GA 30076

Toyota Motor credit Corp Po Box 8026 Cedar Rapids, IA 52408

Volkswagen Credit, Inc Po Box 3 Hillsboro, OR 97123

Wells Fargo Bank Po Box 10438 Macf8235-02f Des Moines, IA 50306

Wells Fargo Hm Mortgag 8480 Stagecoach Cir Frederick, MD 21701

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

DEBTOR(S):	Mohammed A Khan		CASE NO.:
		(b), the debtor (or any other petition) towledge, information and belief:	ioner) hereby makes the following disclosure
was pending at any spouses or ex-spous partnership and one have, or within 180	time within eight years before thes; (iii) are affiliates, as defined or more of its general partners;	ne filing of the new petition, and the in 11 U.S.C. § 101(2); (iv) are ge (vi) are partnerships which share ither of the Related Cases had, an	-1 and E.D.N.Y. LBR 1073-2 if the earlier case he debtors in such cases: (i) are the same; (ii) are neral partners in the same partnership; (v) are a one or more common general partners; or (vii) interest in property that was or is included in the
☐ NO RELATED	CASE IS PENDING OR HAS I	BEEN PENDING AT ANY TIME	i.
THE FOLLOW	ING RELATED CASE(S) IS PE	ENDING OR HAS BEEN PENDI	NG:
1. CASE NO.: 8-1	6-71038-AST JUDGE: Alan	S. Trust DISTRICT/DIVISIO	N: Eastern District of New York
CASE STILL PENI	DING (Y/N): N	[If closed] Date of closing: 08/1	9/2016
CURRENT STATI	US OF RELATED CASE: Disi		
		(Discharged/awaiting discha	rge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELATED (A	Refer to NOTE above): Prior Fil	ing 3/11/2016
	LISTED IN DEBTOR'S SCHE F RELATED CASE:	DULE "A" ("REAL PROPERTY	") WHICH WAS ALSO LISTED IN
2. CASE NO.:	JUDGE: DISTRICT	C/DIVISION:	
CASE STILL PENI	OING (Y/N):	[If closed] Date of closing:	<u> </u>
CURRENT STATI	US OF RELATED CASE:		
		(Discharged/awaiting discha	rge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELATED (Refer to NOTE above):	
	LISTED IN DEBTOR'S SCHE F RELATED CASE:	DULE "A" ("REAL PROPERTY	") WHICH WAS ALSO LISTED IN
3. CASE NO.:	JUDGE: DISTRICT	T/DIVISION:	
CASE STILL PENI	OING (Y/N):	[If closed] Date of closing:	

DISCLOSURE OF RELATED CASES (cont'd)	
CURRENT STATUS OF RELATED CASE: (Dischare	ged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to NOTE	
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("FSCHEDULE "A" OF RELATED CASE:	REAL PROPERTY") WHICH WAS ALSO LISTED IN
<i>NOTE:</i> Pursuant to 11 U.S.C. § 109(g), certain individuals who ha be eligible to be debtors. Such an individual will be required to fil	we had prior cases dismissed within the preceding 180 days may not le a statement in support of his/her eligibility to file.
TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNE	Y, AS APPLICABLE:
I am admitted to practice in the Eastern District of New York (Y/N	N): <u>Y</u>
CERTIFICATION (to be signed by pro se debtor/petitioner or deb	tor/petitioner's attorney, as applicable):
I certify under penalty of perjury that the within bankruptcy case is as indicated elsewhere on this form.	s not related to any case now pending or pending at any time, except
Richard A. Jacoby, Esq. Signature of Debtor's Attorney Jacoby & Jacoby, Attorneys At Law 1737 North Ocean Avenue	Signature of Pro Se Debtor/Petitioner
Medford, NY 11763 631-289-4600	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
	Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the

dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009